

JAN 05 2007

PTO/SB/01 (01-06)

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INDICATION FORM**

|                        |                                     |
|------------------------|-------------------------------------|
| Application Number     | 10/535,608                          |
| Filing Date            | 05/19/05                            |
| First Named Inventor   | Kutaksiz et al                      |
| Title                  | Diagnostic Method for Disease by... |
| Art Unit               | Unknown                             |
| Examiner Name          | Unknown                             |
| Attorney Docket Number | 28605.00001                         |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 28550

OR

☐ Practitioner(s) named below:

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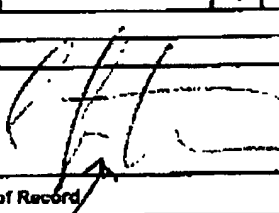
Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

|                   |  |           |              |
|-------------------|--|-----------|--------------|
| Signature         |  | Date      | 12/1/06      |
| Name              | Cyril E. Gerschov  | Telephone | 703 233 2079 |
| Title and Company | President & CEO, DRG International, Inc.   |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

☒ Total of   1   forms are submitted.

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|------------------------|-------------------------------------|
| Application Number     | 10535,608                           |
| Filing Date            | 05/18/05                            |
| First Named Inventor   | Kulaksz et al                       |
| Title                  | Diagnostic Method for Disease by... |
| Art Unit               | Unknown                             |
| Examiner Name          | Unknown                             |
| Attorney Docket Number | 26605.00001                         |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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26650

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I am the:

☒ Applicant/inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

|                   |                        |           |          |
|-------------------|------------------------|-----------|----------|
| Signature         | <i>Alfred Danetzko</i> | Date      | 12-12-06 |
| Name              | Alfred Danetzko        | Telephone |          |
| Title and Company |                        |           |          |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 4 forms are submitted.

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|   |                        |                                     |
|---|------------------------|-------------------------------------|
| <b>POWER OF ATTORNEY<br/>and<br/>CORRESPONDENCE ADDRESS<br/>INDICATION FORM</b> | Application Number     | 10535.608                           |
|   | Filing Date            | 05/19/05                            |
|   | First Named Inventor   | Kutalsiz et al                      |
|   | Title                  | Diagnostic Method for Disease by... |
|   | Art Unit               | Unknown                             |
|   | Examiner Name          | Unknown                             |
|   | Attorney Docket Number | 26605.00001                         |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 26680

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☐ Practitioner(s) named below:

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Telephone

State

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Email

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

|                   |   |           |          |
|-------------------|---|-----------|----------|
| Signature         |  | Date      | 12.12.06 |
| Name              | Wolfgang Strammell  | Telephone |          |
| Title and Company |   |           |          |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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|------------------------|-------------------------------------|
| Application Number     | 10535608                            |
| Filing Date            | 05/19/05                            |
| First Named Inventor   | Kutakatz et al                      |
| Title                  | Diagnostic Method for Disease by... |
| Art Unit               | Unknown                             |
| Examiner Name          | Unknown                             |
| Attorney Docket Number | 26605.00001                         |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner(s) associated with the Customer Number:

28580

OR

☐ Practitioner(s) named below:

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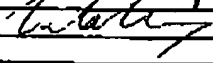
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**SIGNATURE of Applicant or Assignee of Record**

|                   |   |           |  |
|-------------------|---|-----------|--|
| Signature         |  | Date      |  |
| Name              | Hasan Kutakatz  | Telephone |  |
| Title and Company |   |           |  |

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